

**Long Term Care Coordinating Council
Full Council Meeting
Minutes**

Wednesday, February 28, 2007

Room 313 – State House

10:00 a.m. to 11:45 am

Present:

Lt. Gov. Elizabeth Roberts, Chairwoman

Senator June Gibbs

Maria Barros

Mary Benway

Corinne Calise-Russo

Kathleen Carland

Cynthia Conant-Arp

Kathleen Kelly (rep. Jim Flanagan)

Kathy Herring (rep. Roberta Hawkins)

Bill White (rep. Ellen Nelson)

John McGaharty? (rep. Cindy Soccio)

Patrick Quinn

Raymond Rusin

Bonnie Sekeres

Karen Smith Amato

Jennifer Wood
Jessica Buhler
Donna Cone
Madeline Ernest
Robert Fain
Elaina Goldstein
Judy Jones
Diane Kayala
David Kirchner
Joan Kwiatkowski
Paulla Lipsey
Cindy Lussier
Jane Hayward
Roberta Merkle
Paula Parker
John Young
Donald Williams
Kristin Sousa
Alan Tavares
Mary Forgue
Bonnie Larson
Virginia Perrotti?
Susan Leone
Ken Pariseau
Donald Dragon Jr.
David Dosa

Paola Fonseca

Denise Saran

Rhonda Schwartz

David Greene

Erin Donovan

Holly Garvey

John Cabral

I. Call to Order— Chairwoman Elizabeth Roberts

Chairwoman Roberts convened the meeting at 10:04 a.m.

II. Introduction of Staff

Chairwoman Roberts introduced members of her staff Jennifer Wood, Lori Field, and Larkin Barker.

III. Introduction of All in Attendance

Members and participants introduce themselves and their affiliations.

IV. Approval of the Minutes December 13, 2006

Upon motion of Ms. Sekeres, seconded by Sen. Gibbs, the minutes of December 13, 2006 were approved as previously distributed.

V. Information Exchange

a. Perry/ Sullivan Implementation Update (John Young)

It was noted that the presentation was sent for people to take a look at in order to formulate questions before the meeting took place.

Mr. John Young said that the goal of the legislation was to expand options as between institutional care and home community based care. He noted that the challenges for the system are known to everyone: whether it should be publicly financed or paid for privately; and that it is difficult to get where you need or want to be. He reported that it is easiest for people to get into an institutional level of care- notably a nursing home – but asked: why is that? When do people recognize the need for long term care? He said that discharging into nursing homes is the easiest way to get people out of hospital, as it is more difficult to get home health aides. Mr. Young noted in a publicly financed system, dollars have gone to nursing homes and less to home and community based settings. He said the goal is to try to balance this disparity. In fiscal year 2006, \$292.5 million was spent on Medicaid and community based care spent \$30.5 million, which shows a great deal of progress. The Perry/Sullivan Act is important because it is the first time that important reform steps were taken to develop universal initial screening criteria with the goal of preventing institutionalization when appropriate. The act authorized the redirection of investment toward expanding opportunities in the community. As a result, a 1% savings in nursing home days would be a 10% investment in community based care. He

noted that there is no room for a rate increase in Perry/Sullivan. In a year, it will allow for cost reports and allow the Council to assemble costs for all community based services to know if rates are covering costs. It will also allow for a screening strategy to get info from hospital discharge data of everyone at risk of entering into the long term care system. It was noted however that Perry/Sullivan does not provide any money to do any of this, so CMS is funding a system transformation grant that will provide \$2.5 million over the next 5 years to carry out this reform agenda. There are roughly 75 people in the Perry/Sullivan stakeholder group, which is also broken down into work groups: access, finance, and quality. He noted the concept of the committee and stakeholder structure.

The steering committee work between now and June is to ensure continued funding from CMS. He noted that the DRA Medicaid Transformation Grant is only partially funded. Other funding opportunities were also presented (see slides). It was observed that there is a lot of work and enthusiasm around Perry/Sullivan and the opportunity it provides, and there is a sense that action can now be taken. It was noted that it is a constrained budget year. There was a question about the meaning of the “money follows the person” concept and whether is a voucher system for the state, and it was observed that how it is going to be implemented is a test to see how flexible CMS will be in interpreting this.

Lt. Gov. Roberts asked if the screening criteria have been

implemented. Mr. Young reported that they have been implemented at the state level, but need to be revisited. He said the thing that is truly lacking is the ability to take someone and assess them and have that assessment travel with them. Lt. Gov. Roberts asked if this was regardless of payment or in the case of Medicaid only? She also asked about caseload estimating, and if Perry/Sullivan provides protection for reduced caseloads to look at a different base for community reinvestment? She further said it is an important issue for this group to pay attention to because it is technical in nature but has long term implications for amount of dollars available for community re-investment. It was also noted that in order for community based options to institutional care to be realistic there is a need for adequate transportation to get to and from the home.

b. Nursing Facility Survey Report (Ray Rusin)

Lt. Gov. Roberts said that the survey reports for December and January were sent out prior to the meeting. Ms. Wood noted that the reports will continue to be provided in monthly format as is done now, but that Mr. Rusin will also prepare a format that is more longitudinal in nature. Mr. Rusin said that the reports for December and January show that 3 facilities are monitored for sub-standard quality of care. They have been routinely doing surveys every month, and for the most part, they have found that the majority of the facilities are routinely in compliance in follow-up and respond positively to oversight and make corrections.

Lt. Gov. Roberts noted that if the reports reflect trends, it should be a topic of conversation, and we should make sure we aren't missing underlying issues in the snapshot reports. Ms. Sekeres asked, in regards to trends, has the health department noted any particular owners or management agents reflecting persistent problems at this time? Mr. Quinn also asked that Mr. Rusin include a glossary or key for the many abbreviations in the report. He said it would make it a lot more usable, and stated that water temperature monitoring seems to arise as an issue on every report and asked is there a way to get to the bottom of that? Mr. Rusin replied that DOH emphasized the hot water issue as it is a potential risk of physical harm to the client and that is why this issue is carefully monitored and will continue to appear regularly in reports.

Mr. Williams, responding to the inquiry about trends in operators, reported that there is a sense is that we don't have an operator or operators with widespread problems at this time. Lt. Gov. Roberts stated that if we were to have an outlier that we would catch it through this type of report and that the report should help people see those trends.

c. Medicare Part D Update (John Young, Krisin Pono Sousa)

Ms. Sousa stated that for 2007, enrollment seems to be going much more smoothly. She stated that RIPAE has 17,730 members, 6,700 of whom are utilizing the Part D benefit. RIPAE has 4,659 members are currently enrolled in low income subsidy and coordination of benefits is going very smoothly. Lt. Gov. Roberts asked that if enrollee

numbers have stayed up but utilization of RIPAE benefit is going down. In general, is there a sense that the benefit is working for individuals? Ms. Sousa replied that there is confusion on getting dropped from Medicare Part D but it is not a high number of consumers and overall, there is satisfaction with the benefit. There is concern that there have been recent complaints about insurance brokers calling consumers at home and pushing their programs.

Mr. Young said that he had nothing new or negative to report about Part D. He also said there is nothing new that is good to say about it, just that they have not seen a great incidence of the kinds of fears that were raised earlier about patients going without meds, treatment plans being disrupted, etc... but that is not to say that this isn't happening. Phasing down the contribution costs the state money because it is cross-subsidizing the federal program. It was questioned if there was a loss of data as part of this process? The response was that the data has not been available and it appears that that DHS we will not be getting that data. Lt. Gov. Roberts asked if that was a federal policy decision or systems difficulty decision? Mr. Young replied that it was a structural issue because private contractors are not required to give the data. Ms. Goldstein noted that Senate Finance Committee in Washington is appears to be taking on overall favorable view of Part D at this point. She said it sounded like it was mostly the dual eligibles that are unhappy and asked if there is a sense of which states are in same boat as Rhode Island as to the dual eligibles? Mr. Young replied that California is, because

Part D made for largely independent seniors that had no prescription coverage whatsoever and this is not the population that is primarily being served in some states. Mr. White said that people with complex mental illnesses end up being dually eligible, which is a difficult management issue because a whole class of drugs are denied coverage at this point.

Lt. Gov. Roberts asked if participants from the provider community had any insights as to how patients are doing? A provider in back of the room replied that there are lots of vendor issues with medications. Mr. Young said that Medicare Part D is an insurance product and that there will be some time before this irons out. Another participant asked if there is coverage during the “donut hole” period? Ms. Sousa replied that RIPAE covers that. Ms. Carland stated that the dually eligible on SSI assisted living benefit are still having difficulty with co-pays.

Lt. Gov. Roberts asked what the outcome is if enrollees lack the co-pay due to their limited personal needs allowance amount. It was reported that some pharmacy providers have agreed to waive some of those co-pays, there are some providers who absorb those costs themselves, and there are people making decisions about what they will spend their \$55 on. This latter group are people who are in danger of not having their meds. Questions were raised about the scope of this problem and Mr. Young reported that the number of people effected is in the general vicinity of 4,000-5,000 people (those

whose personal needs allowance is at issue).

d. Co-Pay Update (Director Corinne Russo)

Director Russo said that Ms. Lipsey is in charge of the home community care programs. There is a trend in information that home and community care programs designed to keep people at home continue to see growth in demand. The department administers several of these programs to deal with these demands. She said that a Co-Pay program has been established that serves over 1500 people.

In fiscal year 2006, 936 people received home care with an average cost of Medicaid in nursing homes at over \$5000 per month. There is also community waiver program serving 205 people, which is a dramatic increase. In fiscal year 2007, there are 169 on that assisted living program. In March 2006, there had been 130 people receiving assisted living benefit under this waiver. It is noted that they ended fiscal year 2006 with 715 unduplicated people and the average length of stay was 177 days. In terms of RIHMFC waivers, it was noted that they can see movement between assisted living programs and an increase in number of clients. It is noted that there are other things that impact cost for that program, such as the utilization and the request for service and that they are seeing increases for the number of days per week needed for day care coverage.

Director Russo said that in regards to this year's budget, even though the Governor has added money to revised budget, they feel that the adult day care line item will be okay, but the concern is with the home

and community care. They are afraid they will find that they may be facing a budget shortfall in that line item. She noted that more people have spent down in assisted living and now become eligible for Medicaid, and they also have more people becoming eligible for the co-pay program. There were questions about whether the system is including in budget estimates the people who are applying for service but are not yet in service? The issue was how long is the application process and is the system capturing a realistic number including people “in the pipeline” when budget estimates are made. Ms. Lipsey replied that no, they are not capturing those numbers but there shouldn’t be a significant lag time during the application process so the change to the number would be marginal.

Ms. Larson asked if there is an increased request for hours in the day, is there also increase in the number attending day care? Ms. Lispey replied that both of those figures are increasing.

Ms. Buhler thanked DEA for advocating for the addition to the adult day care budget to add hours for current enrollees in adult day care, and asked for clarification about the home care program and if they expect a waiting list for home care by the end of this fiscal year? Ms. Lipsey replied that she was not sure that it would be significant, but that they can look into it.

Another issue of concern that was raised was the added federal documentation requirements for proof of citizenship. It was

acknowledged that there have been a number of documentation challenges for some clients and that DHS is open to ways of working with agencies and providers to assist their clients with meeting documentation requirements.

VI. Reports

a. Legislative Committee Update (Senator Gibbs)

Lt. Gov. Roberts thanked Sen. Gibbs for chairing the Legislative Committee and said that the legislation from last year has been resubmitted. Sen. Gibbs said that she will be convening the legislative subcommittee shortly and presented a list of bills that the Committee will review on behalf of the Council and then report back to the full Council. Lt. Gov. Roberts said that group will come back to the council next month with a fairly in-depth report.

VII. Emerging Issues

a. FY07 and FY08 Budget Issues (Chairwoman Roberts/ all)

Lt. Gov. Roberts said that we may want to have a single meeting where those are the issues that we discuss, because, for most of us, that is going to be the most important bill being discussed this year.

b. Topics of interest to Council members for upcoming meetings

Lt. Gov. Roberts said that either here, by email or phone, is the opportunity to put issues on the table that members and participants would like the LTCCC to take up in a problem-solving mode. She said that LTCCC should be a place where we share ideas and make sure

that there are issues we're paying attention to in long term care community. Issues discussed included eligibility for services, patient choice (as nursing homes are sometimes refusing to acknowledge hospice services that have been taking care of patients in other settings when a change of setting is made). Lt. Gov. Roberts said she wants to see how hospice is integrated into provider services. Ms. Buhler recommended that the LTCCC follow the process of the Olmstead Commission to look at the Olmstead Act that points out that long term care is a civil rights issue. Mr. White requested looking at the workforce and the variety of workforce development needs that exist. Lt. Gov. Roberts noted that workforce on a broad range of industries is a huge issue, and that the provider community here is a big part of that discussion.

c. 2007 LTCCC Meeting Schedule

Lt. Gov. Roberts announced that the Council will continue to meet on second Wednesday of the month as it has in the past.

VIII. Public Announcements/ Comment

 A meeting will be held on Thursday, March 8, at 2:30 p.m. at United Way to educate the community about housing issues and how you can help clients with housing problems related to tax liens.

 Ms. Buhler said that there are copies of the Senior Agenda Report on Reforming Long Term Care for Rhode Island available here and in pdf format. This is directly related to Perry/Sullivan.

 Ms. Wood shared that senior centers are receiving reports

of seniors getting calls from “Medicare” agents.

 It was also noted that Neil Corkery has had a health challenge and attendees were asked to keep him their thoughts.

 Public speaking events to take place during March were also announced.

IX. Adjourn at 11:47 a.m.